

Criteria and Sources for the Key HHS Program Performance Information Discussed in this Report

Most of the programs discussed in Section I of the report were selected from the programs whose HHS net costs are in the \$1 billion range or more for FY 2001. In addition, programs which represent HHS components that would otherwise not have been represented, plus several key Secretarial initiatives are also included.

Criteria

The total sum of the net costs of the key programs discussed in the MD & A is equivalent to approximately 97 percent of the total FY 2001 HHS net costs. These costs were for services and products in addition to those discussed in this report. HHS partners incur additional costs above these costs.

The program performance information that appears in Section I of this report is consistent with the Government Performance and Results Act of 1993 (GPRA) requirements and it supports and is aligned with the HHS strategic goals. The performance measures that were included are selected samples of many measures that exist in the GPRA report and are usually one of many measures used to assess the program that they support.

Sources

The source of information for the GPRA data is the HHS components' performance plans and performance reports available as of September 2001 and actual data in support of those plans/reports that was available as of December 1, 2001 and that appeared in the HHS components' draft FY 2001 financial reports or overviews. Performance information from other reliable sources was used as well, especially where FY 2001 GPRA data is not available yet. The source information is either cited or included in the listing of references in Appendix N.

HHS long ago resolved that performance data must be credible to be useful to decision-making. Overall, HHS has a large number of administrative and survey data systems to draw upon that provide

Appendix C - Criteria and Sources for Key HHS Program Performance Information

high quality information. All parts of the Department have focused on the fundamentals of data verification and validation. However, program units have diverse functions and data needs; consequently, they vary widely in how they collect, verify and validate timely performance data. HHS program units have also addressed other factors that affect data collection and quality. These include reliance on achieving agreement by program partners, the timeliness of data, the resource-intensive nature of data collection, the diversity of data sources, and the suitability of data systems.

Since this is only the third year of GPRA performance reporting, indicators of program success are still evolving and issues of availability and reliability of performance data are still being addressed by many programs. It takes considerable time for partners to work together, develop shared priorities and goals, address weaknesses in data collection, and determine an optimum set of measures.

For a more detailed discussion of data validation and verification and for more comprehensive GPRA program results, see the HHS GPRA Performance Plan and Report Summary and individual HHS component GPRA plans and reports that will appear online under <http://www.hhs.gov/budget/docgptra.htm>. The HHS strategic plan can be found at <http://aspe.hhs.gov/hhsplan/>. Additional discussion of the financial condition of programs is contained in individual HHS component financial reports that appear under their component's web site or through <http://www.hhs.gov/of/reports/account/>.

A key purpose of GPRA is to improve the confidence of the American people in the capability of the federal government by systematically holding Federal agencies accountable for achieving program results.

HHS press releases undergo an independent clearance process with all the relevant OPDIVs and STAFFDIVs, so they reflect department-wide confirmation of factual information and policy at the time they are issued. They are archived at that point.

Resources

The resources for the key programs discussed in this report are included in the programs identified in Appendix B of this report.